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Modified PTO/SB/30 (01-03)  
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# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/782,248        |
| Filing Date          | February 18, 2004 |
| First Named Inventor | Gerard Harbers    |
| Art Unit             | 2814              |
| Examiner Name        | Wai Sing Louie    |
| Attorney Docket No.  | LUM-03-08-01 US   |

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

## 1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
(any unentered amendment(s) referred to above will be entered)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- ii. ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- i. ☒ Amendment/Reply (11 pages)
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☒ Other: Petition for 1 month extension (1 page in duplicate)

## 2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other \_\_\_\_\_

## 3. Fees

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The director is hereby authorized to charge any underpayments, charge any necessary additional payments, or credit any overpayments, to Deposit Account No. 50-2263
- i. ☒ RCE fee required under 37 CFR 1.17(e) (\$790)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) (\$120)
- iii. ☒ Other: One additional independent claim (\$200)
- b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed 01 FC:1801
- c. ☒ Payment by credit card (Form PTO-2038 enclosed) (\$1110.00)

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|                   |                    |                                   |                   |
|-------------------|--------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Michael J. Halbert | Registration No. (Attorney/Agent) | 40,633            |
| Signature         |                    |                                   | Date May 16, 2006 |

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